CGHS Smart Cards

1630. SHRI RAJEEV CHANDRASEKHAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Central Government Health Scheme (CGHS) has decided to replace all the existing cards issued to those covered by the scheme with smart cards;

(b) if so, whether the job has been entrusted to a private company;

(c) the details of the arrangement made by when new cards are likely to be issued and the expenditure likely to be incurred thereon; and

(d) whether it would be ensured that the level of health care and other facilities now available to those covered by the scheme would not be altered to their detriment?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) It is proposed to issue individual plastic cards to each family member of CGHS beneficiaries, initially in Delhi.

(b) Preparation of individual cards shall be done through National Informatics Centre Services Incorporated (NICSI), a subsidiary of National Informatics Centre (NIC).

(c) Applications are to be submitted at the dispensaries by the CGHS beneficiaries. Last date of receipt of applications is 31st March, 2008. After the data is updated, preparation of plastic cards dispensary-wise shall start. It is expected that it will take 6 months to complete the job. The estimated expenditure for individual plastic card is Rs. 10/- per card.

(d) All facilities as available at present shall continue to be available after issue of individual cards.

Draft for urban health care

1631. SHRIMATI SUPRIYA SULE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether a draft of the strategies for urban health care submitted in May, 2006 continues to remain just a draft;

(b) whether strategy for urban health despite the fact that health indices for the urban poor have been consistently bad and becoming worse over the years and in some cases even worse than those of rural India;

(c) whether nearly 57 per cent of the children under three years age among the urban poor are mal-nourished while in rural area the proportion is less than half; and

(d) the main reasons for delay in accepting the proposals and final decision to be taken?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No, Sir.

The National Urban Health Mission which would address health care in urban areas with special focus on urban slum population is under active consideration of the Ministry. The proposed strategies takes cognizance of the recommendations of the above referred Task Force.

(b) The health indicators of the urban poor have shown marginal improvement as is evident from the comparison table below:

Few important health Indicators	NFHS-II data for urban poor	NFHS-III data for urban poor	NFHS-III data for overall rural population
Infant mortality	69.8	54.6	62.1
Children completely immunized (%)	40.3	39.9	38.6
Births in health facilities (%)	43.5	44.0	28.9
Mothers who had at least 3 antenatal care visits (%)	49.6	54.3	43.7

(c) NFHS provides information on health indicators for urban area as a whole and does not give disaggregated health indicators specifically for urban poor.

However, MOHFW with the support of UHRC has tried to reanalyze the NFHS data to draw statistics about urban poor in India. According to reanalyzed NFHS-III data (based on wealth index) the percentage of underweight, *i.e.* malnourished children under 3 years of age among urban poor is 44.3% and average for rural area is 43.8%.

(d) There is no delay. NUHM is under active consideration.

Fall in Infant Mortality Rate

1632. SHRI HARISH RAWAT:
SHRI SANTOSH BAGRODIA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether 2006 saw a significant fall in Infants Mortality Rate;

(b) if so, how far the IMR declined year to year during each year of the Tenth Five Year plan; and

(c) the special steps taken to contain and bring down the IMR during these years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) In India, as per the Sample Registration System (SRS) data from the office of the Registrar General of India, Infant Mortality Rate was 58 per thousand live births in 2005 and 57 per thousand live births in 2006.

(b) Information regarding decline of IMR given in the Statement (*see* below).

(c) Action is being taken by the Union Government to bring down the infant mortality rate in the country. A major initiative is implementation of the Integrated Management of Neonatal and Childhood Illnesses (IMNCI) strategy, which adopts a holistic approach to the management of the commonest causes of neonatal and childhood mortality — sepsis, acute respiratory infections, diarrhea, measles and malaria, all compounded by malnutrition. IMNCI shall be implemented throughout the country in a phased manner.